



A Rare Occurrence of Traumatic Fibroma with Secondary Ulceration in a Two Year Old Child: A Case Report

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ABSTRACT

Reactive overgrowths are relatively common lesions that occur in response to irritation in the oral cavity but have been reported to be extremely rare in the first decade of life. Here we report an uncommon interesting case of Irritation fibroma occurring in a 2-year-old male child following a traumatic injury to maxillary anterior region.

Key Words: Irritation fibroma, Traumatic irritants, Sessile growth, Surgical excision

INTRODUCTION

Inflammatory hyperplastic lesion may be defined as “an increase in the size of an organ or tissue due to an increase in the number of constituent cells, as a local response of tissue to injury”. The traumatic irritants include calculi, overhanging margins, restorations, foreign bodies, chronic biting, margins of caries, and sharp spicules of bones and overextended borders of appliances. Fibrous hyperplasia (Traumatic or Irritation fibroma) is the healed end product of the inflammatory hyperplastic lesion¹. Clinically they appear either as pedunculated or sessile growth on any surface of the mucous membrane and smaller than 1.5 cm at its largest diameter, though there have been reports of a 4-6 cm injury. Its occurrence is reported to the anterior maxillary, more precisely in the interdental papilla. Other common sites are the buccal mucosa along the bite line, labial mucosa, tongue and gingiva. They do not have malignant potential and recurrences are mostly as a result of failure to eliminate the chronic irritation involved.²

There are relatively few reports in the literature regarding oral mucosal conditions in children.³ Short-term institutional

studies by Mathew *et al* have shown no incidence of irritation fibroma in the age group of 2-20 years.⁴ It is extremely rare during the first decade of life.⁵

CASE REPORT

Herein, we report an uncommon interesting case of Fibroma occurrence in the Maxillary Anterior region associated with trauma to the same region in a 2 year old child. The patient had fallen down while playing about three weeks back and fractured his Deciduous maxillary anterior teeth. Subsequently a growth engulfing the left maxillary incisor developed which was painful and was interfering in the feeding of the child. On Intra oral examination a rounded, sessile, well-demarcated mass of diameter 1.5×1.5 cm completely enclosing fractured Maxillary Left Deciduous Incisor was found. Its surface was smooth and it had normal mucosa colour with secondary ulceration from recurring trauma (from the mandibular deciduous teeth) visible. It was tender on palpation. (Fig. 1) The case was planned under general anaesthesia as the child was in pre-operative stage. The lesion

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was completely excised using scalpel. (Fig. 2) Maxillary left Deciduous Incisor was extracted as fracture line extended subgingivally and the remaining tooth structure was not sufficient to support a coronal restoration. Also in the present case, the ragged margins of the fractured tooth was the probable causative irritant which enabled the lesion to grow. Suturing of the region was done with 3-0 black silk suture and Partial Pulpectomy was done for the Maxillary Right Central Incisor followed by composite build up. (Fig. 3) The tissue was sent for histological examination, and was diagnosed as irritation fibroma. Histologically, Fibroblasts were scattered in a dense, collagenous matrix. A mild chronic, inflammatory infiltrate was present but this was not a consistent finding. (Fig 4) Follow up of the patient was done at regular intervals and at the end of one year the area present with fibroma had healed without any recurrences.

DISCUSSION

The clinical features of Irritation Fibroma are not unique and the differentiation of these lesions should be made from Peripheral ossifying fibroma, Pyogenic granuloma or Peripheral giant cell granuloma. When treatment is required, the only option is surgical excision of the fibroma with narrow margins. Overall prognosis of Irritation Fibroma is usually good; they commonly do not recur when the source of irritation is removed. It is therefore important to manage the source of the irritation. These lesions although benign are usually excised to rule out the fear of malignancies in the patients.

CONCLUSION

Inflammatory hyperplastic lesion is an increase in the size of an organ or tissue. This is mainly due to an increase in

the number of constituent cells. They mainly occur in the local response of tissue to injury. The common traumatic irritants are calculi, overhanging restorations, foreign bodies and chronic biting. They appear either as pedunculated or sessile growth. The main line of treatment is removal of irritants along with the surgical excision of the fibroma. Overall prognosis is good.

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Figure 1: Intra-oral view of the lesion.



Figure 2: Surgical Excision of the lesion.



Figure 3: Post surgically wound sutured and simultaneously Pulpectomy followed by Composite build up done w.r.t 51.

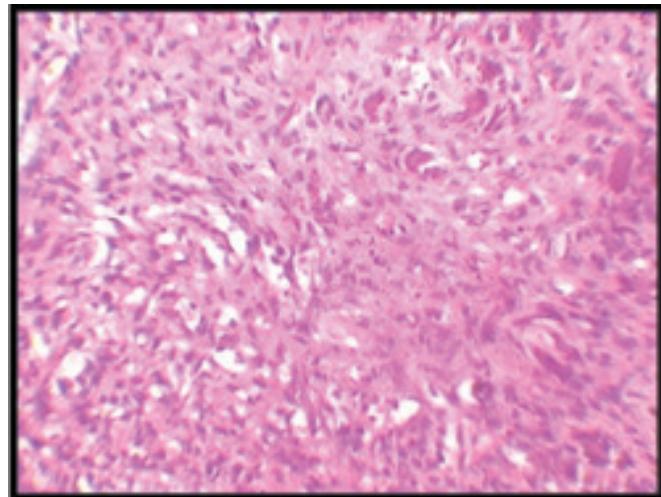


Figure 4: Higher magnification depicted fibroblasts scattered in a dense collagenous matrix.